

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-027714

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED AUG 9 1962

VS 300  
Rev. 4/59

0550

0550

3

4 0

5 1

6

7 0

8 2

94201

10

11

12 0-0

13 4-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

## 1. PLACE OF DEATH

a. COUNTY **Lawrence**b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN **Pierce Township**Length of stay in lb  
**1 Year**c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION **R.F.D. 1 Monett, Mo.**Inside Limits  
Yes ☐ No ☒

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **Missouri** b. COUNTY **Lawrence**c. CITY OR TOWN **Monett**Inside Limits  
Yes ☐ No ☒d. STREET ADDRESS (If outside, give location)  
**RFD 1**Reside on Farm  
Yes ☒ No ☐3. NAME OF DECEASED  
(Type or print)First **Edward** Middle **Clay** Last **Stubblefield**4. DATE OF DEATH  
Month **Aug.** Day **5** Year **1962**5. SEX  
**Male**6. COLOR OR RACE  
**White**7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐8. DATE OF BIRTH  
**12-4-1885**9. AGE (last birthday)  
**76**IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
**Farming**10b. KIND OF BUSINESS OR INDUSTRY  
**Farm**11. BIRTHPLACE (City and state or country)  
**Jenkins, Mo.**12. CITIZEN OF WHAT COUNTRY  
**U.S.**13a. FATHER'S NAME  
**Enos Stubblefield**13b. MOTHER'S MAIDEN NAME  
**Lucy Hickson**14. NAME OF HUSBAND OR WIFE  
**Dora Stubblefield**15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)  
**No**16. SOCIAL SECURITY NO.  
**[REDACTED]**17. INFORMANT  
Address  
**Mrs. E. C. Stubblefield, Monett, Mo.**18. CAUSE OF DEATH (Enter only one cause per line  
PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

**Acute Myocardial infarction**Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

## DUE TO (b)

**Sev Arterio sclerosis**

## DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURYHour  
a.m.  
p.m.  
Month, Day, Year20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **8-5-62** to **8-5-62** and last saw him alive on **8-5-62**  
Death occurred at **5:30 P.** on the date stated above, and to the best of my knowledge, from the causes stated.22a. SIGNATURE  
**F. Edwards**(Degree or title)  
**MD**22b. ADDRESS  
**Monett Mo**22c. DATE SIGNED  
**8-6-62**23a. BURIAL, CREMATION,  
REMOVAL (Specify)23b. DATE  
**Aug. 9, 1962**23c. NAME OF CEMETERY OR CREMATORY  
**Maple Park Cemetery**23d. LOCATION (City, town, or county)  
**Aurora, Missouri**

(State)

## 24. FUNERAL DIRECTOR

ADDRESS  
**Mercer Funeral Home Monett, Mo.**25. DATE RECD. BY LOCAL REG.  
**8-8-62**26. REGISTRAR'S SIGNATURE  
**Mrs. P. N. Cook**

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Ray H. Mercer

Licensed Embalmer No. 4432

P. O. Address Monett, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.